## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

JAMES PROPERTIES, INC.

DOCUMENT # 349240



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90056 007 \*\*\*150.00

Principal Place of Business Mailing Address							*******		
		OLD WINTER HAVEN ROAD							
P O BOX 626 P O BOX 626 BARTOW FL 33830 BARTOW FL 33830				DO NOT WRITE IN THIS SP			PACE		
DAILTON TE SE		5,41,07, 12 3333				3. Date Incorporated or Qualifed			
	• • •					07/10/1969			\
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Α	pplied For
21					59-1295732			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional	
22		27							equired
City & State		— ·	City & State			6. Election Campaign Financing			May Be to Fees
		Zip				Trust Fund Contribution	aar Intan		to rees
Zip <b>24</b>	25	29 3		, and so portains the services		_	Yes	□No	
	9. Name and Address of Curr		, T			10. Name and Address of New Regis		<u> </u>	
			8	1	Name				
	ES JR, J P		8	-	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	WINTER HAVEN ROAD		"	<b>"</b>   '	Street Addre	ss (r.o. box ramber is not Acceptable)			
	BOX 626		8	3			•		
BAR	TOW FL 33830		la la	4	City			<b>85</b> Zip	Code
					•		FL		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abo	ve-r	named corpo	ration submits this statement for the purports board of directors. I hereby accept the	ose of ch	anging its	s registered
oπice or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obli	gations of, Section 607.0505, Floric	da Statute	es.	e corporation	is board of directors. Thereby accept the	аррони	ioni do it	cgioto:cu
SIGNATURE									
	Signature, typed or printed name of registered a		tegistered Ap	jent si	ignature required	when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	ATE AS AND	DIRECTO	ORS IN 12
12.		AND DIRECTORS	1.1 TITLE			ADDITIONS/OFFARIOLES TO OF FIGE		Change	Addition
TITLE	_		1.2 NAME						
NAME	JAMES JR, JACK P 1010 TRASK LANE		1.3 STRE		nnerss				
STREET ADDRESS	BARTOW, FL 00000		1.4 CITY						J
CITY-ST-ZIP	D-111011, 12 00000	☐ DELETE	2.1 TITLE		LIF .		[	Change	Addition
NAME	JAMES, BET T		2.2 NAMI						ĺ
STREET ADDRESS	1010 TRASK LANE		2.3 STRE		DORESS				
CITY-ST-ZIP	BARTOW, FL 00000		2.4 CITY						l l
TITLE		☐ DELETE	3.1 TITLE				]	Change	Addition
NAME			3.2 NAMI	E					
STREET ADDRESS			3.3 STRE	ET AL	DDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-7	ZiP				
TITLE		☐ DELETE	4.1 TITLE	= _			[	Change	☐ Addition
NAME			4. 2 NAM	ΙE					
STREET ADDRESS			4.3 STRE	ET A	DDRESS				į
CITY-ST-ZIP			4.4 CITY		<b>I</b>				
TITLE		☐ DELETE	5.1 TITLE				1	Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	ž`		5.4 CITY		ZIP				
TITLE		☐ DELETE	6.1 TITLE				[	Change	☐ Addition }
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE	ET A	DDRESS				1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP